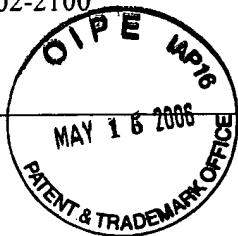


Customer No. 24113
Patterson, Thunte, Skaar & Christensen, P.A.
4800 IDS Center
80 South 8th Street
Minneapolis, Minnesota 55402-2100
Telephone: (612) 349-5740
Facsimile: (612) 349-9266

Attorney Docket No. 3216.28US01

RCE
JFW

REQUEST FOR CONTINUED EXAMINATION
(RCE) TRANSMITTAL



Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/695,044, filed October 28, 2003 for: ORGANOPHOTORECEPTOR WITH A HYDRAZONE POLYMER CHARGE TRANSPORT MATERIAL, by: Zbigniew Tokarski, Nusrallah Jubran and Kam W. Law.

1. Submission required under 37 C.F.R. § 1.114
- a. ☐ Previously submitted
- ☐ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on _____ in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on _____
- ☐ Other _____
- b. ☒ Enclosed
- ☐ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☒ Information Disclosure Statement (IDS)
- ☒ Other Form PTO-1449 with two references

2. ☒ The filing fee is calculated below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	19	- 40	=	x 25	\$		x 50	\$0.00
Indep.	2	- 6	=	x 100	\$		x 200	\$0.00
RCE fee				+ 395	\$		+ 790	\$790.00
Mult. Dep.			=	+ 180	\$		+ 360	\$
TOTAL				\$		OR	TOTAL	\$790.00

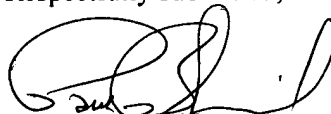
- ☐ First Presentation of Multiple Dependent Claim [MDC]

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

05/16/2006 SDIRET61 00000075 10695044 790.00 0P
01 FC:1801

3. [X] A check in the amount of \$790.00 is enclosed (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 16-0631.

Respectfully submitted,



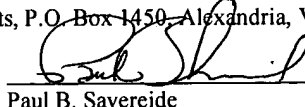
Paul B. Savereide
Registration No. 36,914

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 10, 2006
Date of Deposit


Paul B. Savereide